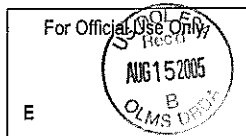


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6748</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>FREDERICK J SUMAN</u> P.O. Box, Bldg., Room No., if any Street <u>11513 ROKEBY AVE</u> City <u>KENSINGTON</u> State <u>MD</u> ZIP Code + 4 <u>20895</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL EDUCATION ASSOC.</u> Labor Organization File Number <u>000-342</u> P.O. Box, Building and Room Number, if any <u>420</u> Street <u>1201 16TH ST. NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>MANAGER - FINANCIAL MEMBERSHIP SERVICES</u> <u>- CHAIR PERSON, NEA EMPLOYEES RETIREMENT PLAN</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Frederick J. Suman

On

8/11/05

Date

202 822 7060

Telephone Number

Name of Person Filing FREDERICK J SUMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name KELLY PRESS</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 1701 CABIN BRANCH DR</p> <p>City CHEVERLY</p> <p>State MD ZIP Code + 4 20875</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>PRINTING SERVICES</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>LUNCHEON MEETINGS GOLF OUTING</p> <p>12.b. Amount. (EST.) \$400</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p></p>

Name of Person Filing FREDERICK J SUMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MT VERNON PRINTING CO</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 3229 HUBBARD RD</p> <p>City LANDOVER</p> <p>State MD ZIP Code + 4 20785</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>PRINTING SERVICES</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>BUSINESS LUNCH GOLF DUTING</p> <p>12.b. Amount. (EST.) \$200</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

Name of Person Filing FREDERICK J. SUMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **CALIBRE CPA GROUP**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any **1050**
Street **1850 K ST. NW**
City **WASHINGTON**
State **DC** ZIP Code + 4 **20036**

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

11.a. Nature of such dealing.

CONSULTANT ON BUSINESS + TAX FILINGS

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

**BUSINESS LUNCH
GOLF
DINNER**

12.b. Amount. (EST.)

\$265

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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Name of Person Filing FREDERICK J. SUMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: BANK OF AMERICA</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: 2ND FL</p> <p>Street: 730 15TH ST. N.W.</p> <p>City: WASHINGTON</p> <p>State: DC ZIP Code + 4: 2005-1012</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street: </p> <p>City: </p> <p>State: ZIP Code + 4: </p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>COMMERCIAL BANKING SERVICES</p> <p>11.b. Approximate dollar value of such dealing. UNKNOWN</p> <p>12.a. Nature of interest held or income received.</p> <p>CLIENT LUNCHEON GOLF OUTING</p> <p>12.b. Amount. 150.</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street: </p> <p>City: </p> <p>State: ZIP Code + 4: </p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p> </p> <p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing <u>FREDERICK J. SUMAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>TRUSCO CAPITAL MANAGEMENT</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>15TH FL</u></p> <p>Street <u>919 EAST MAIN ST.</u></p> <p>City <u>RICHMOND</u></p> <p>State <u>VA</u> ZIP Code + 4 <u>23219</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MGMT. SERVICES FOR NEA</u></p> <p>11.b. Approximate dollar value of such dealing. <u>EST. \$50,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>1. NEA-R ADVISORY COUNCIL POST MEETING</u> <u>PORTFOLIO REVIEW LUNCHEONS.</u> <u>2. CLINT INVESTMENT SEMINAR PARTICIPANT</u> <u>3. GOLF OUTING.</u></p> <p>12.b. Amount. <u>EST. \$1,000</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing FREDERICK J. SUMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BROWN BROTHERS HARRIMAN</p> <p>Trade Name, if any: BBH</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 140 BROADWAY</p> <p>City NEW YORK</p> <p>State NY ZIP Code + 4 10005-1101</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name EMPLOYEE'S RETIREMENT PLAN OF BBH</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 420</p> <p>Street 1201 16TH ST NW</p> <p>City WASHINGTON</p> <p>State DC ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">INVESTMENT MANAGEMENT FIRM TO PLAN</div> <p>11.b. Approximate dollar value of such dealing. EST. \$50,000</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">INVESTMENT COMMITTEE DINNER HOSTED BY BBH DURING VISIT TO NYC OFFICE ON BEHALF OF RETIREMENT PLAN.</div> <p>12.b. Amount. APPR-X \$100</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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Name of Person Filing FREDERICK J. SUMAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name WILSHIRE ASSOCIATES Trade Name, if any: P.O. Box, Bldg., Room No., if any 3720 Street 210 SIXTH AVE City PITTSBURGH State PA ZIP Code + 4 15222	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name EMPLOYEES RETIREMENT PLAN OF THE NEA Trade Name, if any: P.O. Box, Bldg., Room No., if any 420 Street 1201 16TH ST. NW City WASHINGTON State DC ZIP Code + 4 20036	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; margin: 5px;"> INVESTMENT ADVISOR TO RETIREMENT BOARD </div> 11.b. Approximate dollar value of such dealing. EST. \$100,000 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; margin: 5px;"> BOARD MEETING PLANNING SESSIONS AND DINNERS </div> 12.b. Amount. EST. \$275

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>